



## NOTICE OF COVERAGE

### FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) STORM WATER DISCHARGES FROM CONSTRUCTION ACTIVITY

By Authority of R 323.2190 of Act 451, Public Acts of 1994, as amended  
Failure to comply with the terms and provisions of R 323.2190 may result in fines up to \$25,000  
per day and the possibility of imprisonment.

NPDES No.:

Receipt No.:

Permit Id:

Filing of this Notice of Coverage with the Michigan Department of Environmental Quality is required before initiation of construction activities **that disturb 5 acres or more of land or is part of a larger common plan of development or sale** that requires a national permit pursuant to the provisions of 40 C.F.R. Section 122.26(a). This constitutes notice that the construction permittee is authorized under R 323.2190 to discharge storm water associated with the construction activities. The construction permittee must be the owner or the recorded easement holder of the property where the construction activity is located, or the Authorized Public Agency if the construction activity is carried out by an Authorized Public Agency.

**INSTRUCTIONS AND FEE INFORMATION:** Soil Erosion and Sedimentation Control (SESC) coverage is required from the appropriate Part 91 permitting entity (Act 451, Part 91) before submitting this Notice of Coverage. Submittal of a Notice of Coverage requires payment of a **\$400 fee**, made payable to the State of Michigan. The construction permittee will be deemed to have an NPDES permit for storm water discharges from a construction site when the Michigan Department of Environmental Quality receives the completed Notice of Coverage, a copy of the appropriate SESC coverage, a site map and the \$400 fee. These must be received before construction begins. Print or type in the spaces provided.

CONSTRUCTION PERMITTEE INFORMATION (Landowner, easement holder, or Authorized Public Agency)					
LANDOWNER/PERMITTEE			AGENT FOR LANDOWNER (OPTIONAL)		
CONTACT PERSON (FIRST AND LAST NAME)			CONTACT PERSON (FIRST AND LAST NAME)		
E-MAIL ADDRESS (OPTIONAL FOR FASTER SERVICE)			E-MAIL ADDRESS		
MAILING ADDRESS			MAILING ADDRESS		
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
PROJECT INFORMATION					
PROJECT NAME			COUNTY	TOWNSHIP	
STREET			SECTION		
CITY	STATE	ZIP	TOWN (T)	RANGE (R)	
OR OTHER DESCRIPTION			For Cashier's Use Only: 37000-40512-9091-481001-01		

SITE DESCRIPTION			
TOTAL ACRES OF SITE		ACRES OF DISTURBANCE	RECEIVING WATERS
If disturbance is less than 5 acres, is the site part of a larger common plan of development or sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFIED OPERATOR			
NAME			CERTIFICATION NUMBER
PART 91 SESC PERMITTING ENTITY INFORMATION			
NAME OF PART 91 SESC PERMITTING ENTITY OR APA AGENCY			
E-MAIL ADDRESS (OPTIONAL FOR FASTER SERVICE)			PHONE NUMBER
ADDRESS			SESC PERMIT NUMBER OR APA STATUS
CITY	STATE	ZIP	DATE OF ISSUE

**CERTIFICATION** - Michigan regulations require this form be signed as follows:

**Corporation:** a principal executive officer of at least the level of vice president, or his designated representative, if the representative is responsible for the overall operation of the facility from which the discharge described in this form originates.

**Partnership:** a general partner.

**Sole Proprietorship:** the proprietor.

**Municipal, state, or other public facility:** either a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee.

I certify that all provisions of R 323.2190 pursuant to Act 451, Part 31, of 1994, as amended, have been complied with and that all information submitted under the Rule and contained in this Notice of Coverage is, to the best of my knowledge and belief, true, accurate and complete. I acknowledge that any discharge that is made pursuant to Rule 323.2190 shall be in compliance with Act 451, Part 31, and the rules promulgated thereunder. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I certify under penalty of law that I possess full authority on behalf of the legal landowner/permittee to sign and submit this Notice of Coverage.

SIGNATURE X	DATE	TELEPHONE
PRINTED NAME	TITLE	

**MAKE CHECK OR MONEY ORDER FOR \$400 PAYABLE TO: STATE OF MICHIGAN**

MAIL COMPLETED APPLICATION, WITH LOCATION MAP, SESC PERMIT, AND FEE OF **\$400**, TO:  
 MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
 CASHIERS OFFICE - WB-SW1  
 P O BOX 30657  
 LANSING, MI 48909-8157

ADDRESS FOR OVERNIGHT MAILING:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
 CASHIERS OFFICE - WB-SW1  
 525 WEST ALLEGAN 5<sup>TH</sup> FLOOR SOUTH  
 LANSING, MI 48913

IF YOU HAVE ANY QUESTIONS ABOUT THE PREPARATION OF THIS FORM, CALL 517-335-4137.